IN CONFIDENCE

FORM SA/413/1

CHILD SUBJECT TO AN ORDER UNDER SECTION 413 OF THE CRIMINAL PROCEDURE (SCOTLAND) ACT 1975
PLACEMENT OF CHILD IN SECURE ACCOMMODATION

PART A

Local authority reference number:
Social Work Services Group reference number:

☑ This form recommends placement of the child identified below in secure accommodation. Part B of the form has been completed and is attached.

☐ This form recommends placement of the child identified below in a penal establishment. Part C of the form has been completed and is attached.

☐ This form recommends transfer of the child identified below from existing placement to secure accommodation. Parts B and D of the form have been completed and is attached.

☐ This form recommends transfer of the child identified below from existing placement to a penal establishment. Parts C and D of the form have been completed and is attached.

PLEASE TICK THE APPROPRIATE BOX.

A1. Child's Full Name: STEWART FRASER Date of Birth: 5/2/67

A2. Home Address: 91 DUNHOLM RD
DUNDEE

A3. Name, address and telephone number of responsible Social Worker:

MRS JANET SMITH SWD 76A HIGH ST LOCHEE DUNDEE TEL 610255

In emergency, telephone: 88302 - DUTY S.W.

A4. Present location of child:

ROSSIE SCHOOL, MONTROSE, Mc DONALD WING.

A5. A brief summary of the reason(s) for seeking the use of secure accommodation or a penal establishment in this case? (These must be set out in greater detail in Parts B or C)

HISTORY OF ABSCONDING & OFFENDING. PRESENTLY DETAINED UNTIL DUE PROCESS OF LAW FOLLOWING APPEARANCE IN COMMUNITY SECTION PROCEEDINGS FULLY CONCLUDED.

A6. The date of the case conference leading to the application. Please attach a copy of the conference report which includes the names of conference members and their status and employing authority:

A7. Previous residential placements and penal placements (if any) with dates and reason for admission:

A8. Offences with which presently charged, with brief details of background to offences:

A9. Previous convictions and brief details of the background to offences:

A10. Are there any other outstanding charges? If YES, please say what they are and give dates of court appearances if known:

A11. Is the child currently subject to a supervision requirement? If YES, when was it imposed and (where appropriate) last reviewed?

A12. Please list all previous supervision requirements (if any), and give the reasons for their imposition and termination:

A13. Was advice given by the children's hearings to the Court for the present offences? If YES, attach a copy of the advice given:

A14. Has the child ever been referred to (a) a psychologist?

(b) a psychiatrist?

A15. If YES to either ~~12~~ 14(a) or (b), please give the dates of such assessments and attach all available reports, particularly the most recent:

PSYCHOLOGICAL REPORT - 12/7/81
PSYCHIATRIC REPORTS - 2/4/82
7/5/82
25/6/82
} Copies attached.

A16. For each of the entries recorded in reply to Q14, please say who made the assessment and give their last known address and telephone number at which they can be contacted:

Q14 a) FRANK WOODS PRINCIPAL PSYCHOLOGIST
SCOTTISH LIST D SCHOOLS - NORTH PSYCHOLOGICAL SERVICE
62 UNION GROVE - ABERDEEN AB1 6RX TEL 02224 26324

b) JOHN MATHAI - SEN REGISTRAR
GRAMPIAN HEALTH BOARD
CHILD & FAM PSYCH SERVICE

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FORM SA/413/1

RECOMMENDATION FOR PLACEMENT OF A CHILD IN SECURE ACCOMMODATION — PART B

If a recommendation is being made for placement in secure accommodation of the child specified in Part A, the following information should be given.

SWSG will not be prepared to consider an application that a child be detained in secure accommodation unless either

(a) he has a history of absconding and -

(i) he is likely to abscond unless he is kept in secure accommodation and

(ii) if he absconds, it is likely that his physical, mental or moral welfare will be at risk or

(b) he is likely to injure himself or other persons unless he is kept in secure accommodation.

B1. Does the child have a history of absconding from residential establishments? Be as specific as possible on the number of incidents, particularly in the last 6-12 months:

NUMEROUS INCIDENTS SINCE 17/12/81

B2. Please give details of any reports dealing with the child's absconding and by whom those reports were made quoting their last known address and telephone number at which they can be contacted:

[redacted]

B3. If the child continues to abscond, what circumstances suggest that his 'physical, mental or moral welfare' would be at risk?

~~Physical welfare at risk~~ [illegible] offending (~~[illegible]~~) ~~[illegible]~~ - associating with offenders.

B4. Do you consider the child to be likely to injure himself or other persons unless he is kept in secure accommodation? If YES, please give the evidence to support this assessment:

NO

B5. Has the child ever been referred for a secure placement before? If YES, give details: YES

Placed in Rossie McConnell wing 17/11/83 - due to legislation leaving before on 7/2/84 - [redacted]

B6. In which secure unit do you wish the child to be placed?

B7. Is there an alternative secure unit which you would consider as an acceptable placement?

B8. Do the managers of the establishments support your recommendation?

B9. If the recommendation for secure accommodation is not accepted what is your recommendation for an alternative placement?

Signed .....

NAME (BLOCK CAPITALS)

(POSITION HELD)

In all cases where completed by a local authority social worker, this form should be countersigned by the Director or the Divisional Director of Social Work. Where completed by a List D school, it should be signed or countersigned by the Headmaster.

I agree the recommendation

Signed .....

NAME (BLOCK CAPITALS)

(POSITION HELD)

FOR OFFICIAL USE ONLY

CAS

Do you agree that this application should be referred to the Secure Unit Referrals Group/Prisons Group. Please give your reasons briefly:

Signed .....

SWSG

Do you agree that this application should be referred to the Secure Unit Referrals Group/Prisons Group.

Signed .....

Signed .....

Date of Referrals Group:

Outcome of meeting:

Date place available:

IN CONFIDENCE

FORM SA/413/1

RECOMMENDATION FOR TRANSFER OF A CHILD TO SECURE ACCOMMODATION OR A PENAL ESTABLISHMENT

PART D

If a recommendation is being made for transfer of the child specified in Part A from an existing placement to secure accommodation or a penal establishment, the following information should be given by the head of the residential establishment where the child is currently placed.

D1. Is the application supported by the case social worker of the responsible local authority and the relevant Director of Social Work?

D2. If YES please append written endorsement (if possible) or supporting information:

D3. If NO please indicate the nature of Social Work Department reservations:

The form should be signed or countersigned by the Headmaster.

Signed .....

NAME (BLOCK CAPITALS)

(POSITION HELD)

I agree the recommendation

Signed .....

NAME (BLOCK CAPITALS)

(POSITION HELD)

FOR OFFICIAL USE ONLY

CAS

Do you agree that this application should be referred to the Secure Unit Referrals Group/Prison Group? Please give your reasons briefly:

Signed.....

SWSG

Do you agree that this application should be referred to the Secure Unit Referrals Group/Prison Group?

Signed .....

Signed .....

Date of Referrals Group meeting:

Outcome of meeting:

Date place available: